

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
						CLAIMS		
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	/
10							60	/
11							61	/
12							62	/
13							63	/
14							64	/
15							65	/
16							66	/
17							67	/
18							68	/
19							69	/
20							70	/
21							71	/
22							72	/
23							73	/
24							74	/
25							75	/
26							76	/
27							77	/
28							78	/
29							79	/
30							80	/
31							81	/
32							82	/
33							83	/
34							84	/
35							85	/
36							86	/
37							87	/
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.							TOTAL IND.	6
TOTAL DEP.							TOTAL DEP.	24
TOTAL CLAIMS							TOTAL CLAIMS	30